

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 1-27-04

supp

1023798

1. NAME PICKERING KENNETH E.
Last First MI

2. BUSINESS PHONE (504) 581-1222

3. BUSINESS ADDRESS 301 MAGAZINE ST., THIRD FL., NEW ORLEANS, LA 70130

MAILING ADDRESS SAME AS ABOVE

4. EMPLOYER PICKERING & COTOGNO

5. EMPLOYER'S ADDRESS 301 MAGAZINE ST., THIRD FL., NEW ORLEANS, LA. 70130

Street and No.	City	State	Zip
301 MAGAZINE ST., THIRD FL.	NEW ORLEANS	LA.	70130

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name CRESCENT CITY CONNECTION DIV., DEPT. OF TRANSPORTATION & DEVELOPMENT

Address POST OFFICE BOX 6297, NEW ORLEANS, LA 70174

Business or purpose BRIDGE (CCC)

☐ New Representation

Does this person pay you? YES

If No, who pays you?

☐ Terminated Representation as of 2003

23 Feb 1951

[illegible]

SUPPLEMENTAL REGISTRATION FORM



2. Name LOUISIANA CONSUMER FINANCE ASSOCIATION

Address POST OFFICE BOX 15121, BATON ROUGE, LA 70895

Business or purpose FINANCE

☐ New Representation
Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of 2001

3. Name _____

Address _____

Business or purpose _____

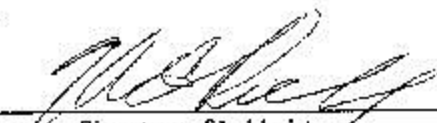
☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist
KENNETH E. PICKERING